**Building healthy relationships between families and staff**

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| Topic | *Relationships* |
| Goals  | * To understand the parental experience and parent infant separation
* To understand the parent infant relationship and maternal holding environment
* To understand the perils of technology and the therapeutic nurse-parent relationship
* To understand the importance of responding to parental needs
* To explore different strategies to create healthy partnerships
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| Materials | * Information on current literature regarding the impact of the NICU experience and normal parental behaviour
* Discussion materials on the complexities of the NICU and ways to support a caring relationship
* Role play exercises that illustrate relationship building between NICU staff and parents
* Feedback from veteran parents on “what works well, what could work better”
 |
| Key Messages | * Understanding the parental experience, the infant parent relationship, and the inherent perils of an NICU provides a foundation for effective and caring communication that strengthens partnerships
 |
| Measuring Success | * Families and staff will feel engaged and valued while providing care
* Staff will have improved work satisfaction
 |
| Reflections | * Participants are encouraged to provide written feedback on the usefulness of the session
 |

# Communication

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| Topic | *Effective Communication* |
| Goals  | * To learn how to develop and maintain healthy partnerships while engaging families to participate in their infant(s) care
* To learn how to identify situations that challenge nursing staff
* To understand the importance of collaborative decision-making
* Explore different strategies to create healthy partnerships and provide strategies to solve challenging situations encountered at the bedside
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| Materials | * Popular media clips that demonstrate key points
* Role play exercises that examine communication strategies
* Feedback from veteran parents on “what works well, what could work better”
 |
| Key Messages | * Effective communication strengthens partnerships and provides a healthy environment for engaging families in the care of their infant(s)
 |
| Measuring Success | * Families and staff will feel engaged and valued while providing care
* Staff will have improved work satisfaction
 |
| Reflections | * Participants are encouraged to provide written feedback on the usefulness of the session
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# Developmental care and development

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| Topic | *Why focus on preterm development?: the benefits of developmental care* |
| Goals  | * To promote normal development
* To identify differences between fullterm and preterm development
* To understand how positioning and handling increases motor organization/feeding
* To increase neurobehavioural stability, neuroprotective interventions
* To promote decreased sensory overload, reduce physiologic distress, reduce disorganization
* Promote self regulatory ability (coordinate and organize motor ability, resilience), and improve ability to feed
* To decrease iatrogenic consequences, flat misshapen head, positional plagiocephaly, and torticollis
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| Materials | * Diagrams and photos of infants in abnormal/normal positions to demonstrate and to facilitate discussion
* Demonstration of abnormal and normal positioning with a doll
* Interactive education exercise that allows staff to understand and discuss the outcomes of abnormal positioning (discomfort, developmental issues)
* Interactive exercise that involves staff sitting in their chair with limbs splayed, head tilted back and to one side. Ask them how they feel in this position, is it easy to swallow, do they feel comfortable? What will happen if they stay in this position for a long time?
* Hand outs (see resource section on developmental care)
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| Key Messages | * Motor significance: term infant is born with neurologic predisposition to function in flexed postures with midline orientation versus preterm, incomplete development, lie flat in a “frog like” position with limbs abducted, externally rotated, asymmetrical and lack motor control
* Information on developmental expectations at 4 months corrected, neurodevelopmental delay
* Results of abnormal positioning, active extension and arching, asymmetry and poorly controlled movements, abnormal resting postures, acquired positional deformities, atypical movement patterns, poor hand/eye coordination, feeding difficulties
* The principles of positioning to promote development and self regulation, flexed position, midline orientation, support shoulders forward, hands to mouth, equal use of all limbs, midline orientation and symmetry, flex hips and knees, (not frog leg), boundaries until medically stable and nearing d/c. Hold and lie in different positions
* Facilitate smooth movement against gravity, avoid preemie flip, avoid torque/tension from medical lines
 |
| Measuring Success | * Encourage staff to participate in discussion and ask questions, incorporate learning into practice, and teach parents
 |
| Reflections | * Touch base with the staff following the session and on an ongoing basis
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# Psychological Implications of Premature Birth

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| Topic | *The impact of having an infant in the NICU: supporting families* |
| Goals  | * To provide information on the impact of an NICU admission on parental reactions, difficulty coping, and feelings of guilt
* To discuss ways to help parents cope, to share examples of support
* To provide information on how and why parents grieve
* To understand postpartum depression, postpartum mood disorders
* To learn how to support families when a twin dies
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| Materials | * Information on the differences between “baby blues”, post partum depression, post traumatic stress disorder, and on psychiatry
* Information provided on: when a twin dies, children’s grief program and resources
* Support within the hospital: social work, family meetings, parent group, parent buddy, parent partner
* Supports in the community
 |
| Key Messages | * Supporting NICU Parents: creating a “coping” plan, “checking in”, active listening and effective communication, referral to hospital or community resources
 |
| Measuring Success | * Staff are able to feel more confident supporting families
* Enourage staff to ask questions and receive more information
 |
| Reflections | * Touch base with staff following the session
* Provide ongoing support as necessary
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# Pumping and Breastfeeding

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| Topic | *Breastfeeding support in the NICU* |
| Goals  | * To provide on-line links/videos/hospital guidelines/resources for breastfeeding support specific to the NICU
* To discuss current practices and ways to establish continuity of care for families wishing to breastfeed
* To review handouts and educational materials provided to parents including documentation for nurses and parents
* To discuss the progression of breastfeeding, including establishing breast milk volumes, skin-to-skin care, non-nutritive sucking, and the breastfeeding assessment
* To review cue-based feeding, and feeding plans/community resources for discharge home
 |
| Materials | * Information is provided in the resource section
 |
| Key Messages | * The NICU provides many barriers to families wishing to breastfeed
* Each feeding plan should be very individualized, and reviewed frequently
* Building a mother’s confidence in her ability to breastfeed her baby is one of the most important roles all health care providers play in the NICU
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| Measuring Success | * Encourage staff to participate in discussion and ask questions
* Encourage staff to incorporate learning into providing consistent breastfeeding support for families
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| Reflections | * Follow-up with staff after the session
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